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## BIB DATA SHEET

CONFIRMATION NO. 5774

<b>SERIAL NUMBER</b> 10/721,582	<b>FILING or 371(c) DATE</b> 11/25/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3774	<b>ATTORNEY DOCKET NO.</b> 8627/1881 (PA-5213-CIP-CO)		
<b>APPLICANTS</b> Joseph F. Obermiller, West Lafayette, IN; <b>** CONTINUING DATA *****</b> This application is a CON of 09/777,091 02/05/2001 PAT 7,452,371 which claims benefit of 60/180,002 02/03/2000 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/24/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/JAVIER G BLANCO/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance JB Initials	<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWINGS</b> 14	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> BRINKS HOFER GILSON & LIONE/INDY/COOK BRINKS HOFER GILSON & LIONE CAPITAL CENTER, SUITE 1100 201 NORTH ILLINOIS STREET INDIANAPOLIS, IN 46204-4220 UNITED STATES						
<b>TITLE</b> Implantable vascular device						
<b>FILING FEE RECEIVED</b> 1158	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees			
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